

BILL ANALYSIS

Senate Research Center
77R991 KKA-D

S.B. 101
By: Nelson
Health and Human Services
4/20/2001
As Filed

DIGEST AND PURPOSE

Currently, Texas does not require a Medicaid managed care recipient to pay a nominal copayment at the time of treatment. The Health and Human Services Commission studied this issue a decade ago but did not make a recommendation. As proposed, S.B. 101 requires the Health and Human Services Commission to reevaluate the issue and make recommendations to the legislature in an effort to increase patient participation in health care decision-making and increase the use of primary care physicians rather than unnecessary emergency room visits.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Chapter 553A, Government Code, to add Section 533.016, as follows:

Sec. 533.016. EVALUATION OF COPAYMENT REQUIREMENTS. Requires the Health and Human Services Commission or an agency operating part of the state Medicaid managed care program, as appropriate, to evaluate the feasibility of requiring recipients enrolled in a managed care plan to make nominal copayments at the time that services are received, as authorized by federal law; and to make recommendations to the legislature based on that evaluation. Provides that this section expires September 1, 2003.

SECTION 2. Requires the Health and Human Services Commission to submit the recommendations required by Section 533.016, Government Code, as added by this Act, not later than November 1, 2002.

SECTION 3. Effective date: upon passage or September 1, 2001.